

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

06

24

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	317383.25
(b) Cash on Hand at Beginning of Reporting Period	302272.85	
(c) Total Receipts (from Line 19)	4289.06	4960.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	306561.91	322344.01
7. Total Disbursements (from Line 31)	25177.40	40959.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	281384.51	281384.51
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 12

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1500.00	2000.00
(ii) Unitemized	2763.50	2907.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4263.50	4907.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4263.50	4907.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	25.56	53.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4289.06	4960.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4289.06	4960.76

DETAILED SUMMARY PAGE

of Disbursements

4 / 12

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	177.40	359.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	177.40	359.50	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	29500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	10000.00	11100.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25177.40	40959.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25177.40	40959.50	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 12

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4263.50	4907.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4263.50	4907.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	177.40	359.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	177.40	359.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Gina Bullington

Mailing Address 232 Black Road

City

Dickson

State

TN

Zip Code

37055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.21758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ed Lamb

Mailing Address 3315 South Alameda St

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corpus Christi Medical Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.21752

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Marshall

Mailing Address 111 Hwy 70 E

City

Dickson

State

TN

Zip Code

37055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.21757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
account analysis charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.21794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

177.40

SUBTOTAL of Disbursements This Page (optional)

177.40

TOTAL This Period (last page this line number only)

177.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE 2012Mailing Address PO BOX 848
PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirementCandidate Name
BOB CORKER FOR SENATE 2012Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.21742

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

-2500.00

B. Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE 2012Mailing Address PO BOX 848
PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirementCandidate Name
BOB CORKER FOR SENATE 2012Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.21796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
BOREN FOR CONGRESS

Mailing Address PO Box 1924

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
fundraiserCandidate Name
BOREN FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Transaction ID: SB23.21740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB23**
Transaction ID : **SB23.21742**

Check was returned and voided, no contribution ever occurred. Original check in HCA's possession.
New check written to Rock City PAC, and will be reported in April report.

B. Form/Schedule : **SB23**
Transaction ID : **SB23.21796**

Check was returned and voided, no contribution ever occurred. Original check in HCA's possession.
New check written to Rock City PAC, and will be reported in April report.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City
SIOUX FALLSState
SDZip Code
57104Purpose of Disbursement
fundraiserCandidate Name
FRIENDS OF JOHN THUNECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: SB23.21745

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
fundraiser

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.21739

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

NELSON 2012

Mailing Address PO BOX 8666

City
OMAHAState
NEZip Code
68108Purpose of Disbursement
fundraiserCandidate Name
NELSON 2012Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Transaction ID: SB23.21743

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Ted Deutch for Congress	Transaction ID: SB23.21735 Date of Disbursement																				
Mailing Address 20423 State Road 7, Ste F6-383	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	0												
City Boca Raton State FL Zip Code 33498	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Ted Deutch for Congress	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO	Transaction ID: SB23.21736 Date of Disbursement																				
Mailing Address PO BOX 40158	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City DENVER State CO Zip Code 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement fundraiser	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name UDALL FOR COLORADO	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO	Transaction ID: SB23.21737 Date of Disbursement																				
Mailing Address PO BOX 40158	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City DENVER State CO Zip Code 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement fundraiser	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name UDALL FOR COLORADO	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Friends of THA

Mailing Address 500 Interstate Blvd S

City
Nashville

State
TN

Zip Code
37210

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.21738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00